2022 COMMUNITY DEVELOPMENT BLOCK GRANT CDBG Program Year June 1, 2022 to May 31, 2023 SOCIAL SERVICE FUNDING APPLICATION

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	DUNS #:
Amount Requested:	
Is this program: ☐ Existing ☐ New to CDBG	☐ Pilot
Attach current agency registration record from Syste https://www.sam.gov	em for Award Management. See
SAM Registration:	
HUD Eligible Activity:	
Reference:	
National Objective:	

1. Organizational/agency History and Goals: Please describe briefly your organization/agency, its history, primary social service delivery functions, and primary clientele.

	Program Name
2.	Please briefly describe the activities you plan to do under this specific program:

3. Program need: Please describe the community need for this program and how the program fits into the community's long-range planning? Include your organization's capacity to successfully implement this program and why your organization needs financial assistance to implement this program. When applicable, include results achieved as a result of previous CDBG funding. Please utilize the most current Consolidated Plan for the City of Bloomington and cite other relevant data as applicable in your response.

Program Name_	

${\bf 4.\ Evaluation\ methodology/outcome\ measurement:}$

a. What is your program goal?
h. Dwiefly describe your evaluation tool yeard to measure this cool.
b. Briefly describe your evaluation tool used to measure this goal:
c. Outline the data collected for 2020 based on the above evaluation tool:
d. What is your benchmark(s), i.e. number served?
e. What was the result of the data collected?
f. Were any changes made to your program based on the evaluation of the data?

Program Name
g. Please describe how your organization assesses and/or verifies that program beneficiaries meet income guidelines as defined by HUD and the national objective under which you are applying (LMI, Slum & Blight or Urgent Need).
h. Please describe how your organization determines that program beneficiaries are residents of the City of Bloomington.

5. Client Data:

Community Development funds can only be used to reimburse for services to city households with income levels at or under 80% Area Median Income (AMI), adjusted for household size. These levels are established by HUD on an annual basis.

Part I. Client History

Use the following 2020 AMI table for income information for the purpose of this Part I section:

	1 Person	2 Person	3 Person	4 Person	5 Person
Low-Moderate Income (50 – 80 % AMI)	\$26,251 – \$41,950	\$30,001 – \$47,950	\$33,751 – \$53,950	\$37,451 - \$59,900	\$40,451 - \$64,700
Low Income (30 – 50% AMI	\$15,751 – \$26,250	\$18,001 - \$30,000	\$20,251 - \$33,750	\$22,451 - \$37,450	\$24,251 - \$40,450
Extremely Low Income (30% AMI and below)	\$15,750 or less	\$18,000 or less	\$20,250 or less	\$22,450 or less	\$24,250 or less

1. From June 1, 2020 - May 31, 2021, how many total unduplicated clients did you serve with this program?	
a. What percent were City residents?	
b. What percent were City residents and income eligible?	
2. From June 1, 2021 – May 31, 2022, estimate how many unduplicated clients you will serve with this program.	
a. What percent will be City residents?	
b. What percent will be City residents and income eligible?	

Part II. Proposed Level of Activity

Program Name_____

Use the following current (2021) AMI table for the purpose of this Part II section:

	1 Person	2 Person	3 Person	4 Person	5 Person
Low-Moderate Income (50 – 80 % AMI)	\$26,751 - \$42,750	\$30,551 - \$48,850	\$34,351 – \$54,950	\$38,151 - \$61,050	\$41,251 – \$65,950
Low Income (30 – 50% AMI)	\$16,051 - \$26,750	\$18,351 - \$30,550	\$20,651 - \$34,350	\$22,901 - \$38,150	\$24,751 - \$41,250
Extremely Low Income (30% AMI and below)	\$16,050 or less	\$18,350 or less	\$20,650 or less	\$22,900 or less	\$24,750 or less

1. How many <i>total</i> clients do you plan to serve with this program in the 2022 CDBG Program Year (June 1, 2022 – May 31, 2023)?	
a. Of the total clients, what percent will be City residents?	
b. Of the total clients, what percent will be City residents and income eligible?	
c. Of the City clients, what percent will be low- moderate income?	
d. Of the City clients, what percent will be low income?	
e. Of the City clients, what percent will be extremely low income?	
f. Of the City clients, what percent will be female head of household (see instructions for definition)?	
2. Please explain how these estimates compare to actual numbers from previous year	rs?
3. What is your average per client cost for this program?	
4. Please explain how you calculated this amount.	

6. Budgetary Information: Please provide the following financial documentation:

- a) Attach a copy of your agency's last two year's Balance Sheets, Income Statements, and Statement of Cash Flows.
- b) Provide the end date for your agency's own fiscal year.
- c) Estimate the total amount of federal funds/grants your agency as a whole expects to receive in your agency's current fiscal year.
- d) Complete the attached budget information forms.
- e) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.
- f) If this program is new to CDBG, list current funding sources.

Program Name_	

7. FOR NEW PROGRAMS ONLY. Previous Effort: Please describe the past and current efforts of your agency to address the problem for which funding is sought. Identify the steps already taken by the community and/or your agency and those remaining to be taken to successfully address this problem. Include information relating to past successful outcomes if it is available.

Program Name_	

8. Program Budget

*Show <u>Program</u> fiscal budget (not entire agency)

Budget Program Expenditures	2020	2021	Proposed Budget CDBG PY 2022	Amount of CDBG funds per line item
Salaries				
Employee Benefits/Taxes				
Consultant Services				
Office supplies				
Postage				
Printing and Publications				
Travel				
Conferences & Conventions				
Membership Dues				
Utilities				
Rent				
Equipment Rental/ Maintenance				
Equipment Purchase				Not Eligible
Specific Assistance to Individuals				
Other (explain)				
Total Budget Expenditures				

Program Name	

NOTE: Fiscal years run differently depending on the organization. If you have received CDBG funds previously, show numbers for 2020 and 2021 CDBG program years (June $1-May\ 31$). If not, show numbers for your organization's fiscal year and indicate on what calendar that runs. For the 2022 proposed budget, show proposed expenses from June 1, $2022-May\ 31,\ 2023.$

Please indicate the dates of	vour organization's fi	scal vear (2020 and	d 2021 as shown ab	ove):
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Other:

9. List all sources of income to be used to fund this <u>program</u>

Program Income Source	2020	2021	Proposed Budget CDBG PY 2022
CDBG			
United Way			
County			
Fundraising			
Other Federal or State funds			
Other (list below)			
Total Budgeted Income			

Other:

ogram Name		

10. List other grants and sources of funds	that the agency has	s or will apply.	Include the dollar
amount and the status of the request.			

Source of Funds	Funding Period	Amount of Request	Status

11. List any completed fundraising activities for this $\underline{program}.$

Source of Funding	How Funds Were Solicited	Time Period of Fundraising	Amount Raised
			Total:

Program Name		

12. List any current or future fundraising activities for this program.

Source of Funding	How Funds Will Be Solicited	Expected Time Period of Fundraising	Expected Amount to be Raised
			Total:

13. List all staff who will work on the $\underline{program}$, indicating whether the staff member is full time (FT) or part time (PT).

Position/Title	FT/PT	# of Hours Per Week Chargeable to this Program	Salary Amount Chargeable to this Program	Portion of Salary to be Paid by CDBG

Program Name				